SURGICAL ETHICS CHALLENGES

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Going public with amazing cases: Fiat or fiasco?

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"Death wins! Bravo! But I laugh in his face, as he noses me out at the wire."
E.P. Baynes (*The Philosophy of Life*)

Discussion in the doctors' lounge this morning concerns Dr I. M. Dicey's elective endovascular abdominal aneurysm repair on a super-centenarian yesterday and the enthusiastic coverage in the local newspaper this morning. The patient was asymptomatic, ambulatory, and mildly demented but newsworthy because he was the oldest person since Genesis to have a major operation. A smiling Dr D in scrubs was pictured with the operating room lights forming the haloed backdrop. The patient had been turned down by several surgeons. Dr Dicey was quoted about his superior results with difficult cases. What should the opinion of Dr Dicey's surgical achievement be?

A. Praise for extending the surgical frontier.
B. Praise for an accomplishment if the facts of the case warrant it but condemnation for self-promotion.
C. Like all medical curios, it does not merit any ethical valuation.
D. Condemnation both for operating on the extremes of survival and self-promotion.
E. Dicey should be reported to the state board of medical examiners.

As long as there have been surgical meetings, the greats and wannabes, more often the wannabes, describe truly amazing cases from the podium as a condiment to the scientific presentations. The best are published, as retrievable literature; the rest remain as "fish stories." Whether one agrees or not with the merits of individual cases, professional forums are the proper venue for medical knowledge. Other surgeons may be amused, irritated, entertained, or even awed but are unlikely to refer their difficult cases, and they might just get a better idea of what works. On the other hand, some of the mass media coverage of surgeons' exploits seems less like reporting and more like advertising, akin at times to infomercials selling gold coins, rejuvenating creams, and stock-picking computer programs. The message is, if Dr D operated successfully on one of the oldest on the planet, he certainly can help a sick octogenarian. The public reporting of astonishing cases is somewhat like the stockbroker who reports only the best years and triple-bagger stock picks; it provides limited and therefore slanted information, may alter the checks and balances of the physician referral system, and may influence people who don't need operations to seek out surgeons like Dr Dicey.

Recently, when responding to a newspaper ad of an extremely low lease price for a luxury car to find it doubled by add-ons, and expressing surprise, the salesman's lame excuse was, "we have to get people in the door." The self-aggrandizing surgeon could similarly state, "We have to get patients into the consulting room," but it comes closer to, "We have to get patients into the operating room." But then major surgery would be the equivalent of leasing a car, ergo, a commodity, and the surgeon would become a peddler and no longer a professional with fiduciary responsibility to protect patients. This fiduciary responsibility includes the obligation of surgeons like Dr Dicey to protect patients from their own enthusiasm (ie, scientifically undisciplined thinking and behavior).

Physicians who decide to enter the public forum should never forget that they act indirectly as spokespersons for all members of the profession and should adhere to high levels of professionalism, especially because the audience is not qualified to make expert clinical judgments about whether a surgical procedure should be expected to clinically benefit a patient. This is a matter of evidence-based clinical judgment and therefore professional responsibility, which physicians who enter the public arena need to discharge. Thus, physicians attempting to raise public awareness about health knowledge that has been discovered by legitimate scientific efforts or about public health information that needs emphasizing are obligated to do so. Their efforts are laudable.

More often of late, physicians, such as the surgeon example in the scenario, have gone initially to the news media seeking their brief flash of celebrity. A recent frontpage article in a major Texas city told of a surgeon who performed a really big procedure.[1] Weighing 851 pounds (body mass index, 137.5; serious morbid obesity >60), and touted as the largest

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Competition of interest: none.
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J Vasc Surg 2007;45:1084-5
0741-5214/$32.00

doi:10.1016/j.jvs.2007.03.013

patient ever to have bariatric surgery, the patient was reported doing well the day after the operation. The unfortunate patient, however, had a "successful" procedure only to die a few days after the article was printed. The attending surgeon, the newspaper article being his first publication on the subject, stated, he "did not think the surgery . . . was a triggering event" [for the death]. The record-setting operation thus will not become a new benchmark for future surgeons to exceed: Guinness never uses the adjective almost.

Homo sapiens (knowing man) would perhaps be more accurately described as Homo contentis (competitive man). Competition is a compelling lifelong human instinct, from grabbing another child's rattle to "fighting" cancer to avoid the grave; humans look for a chance to exceed what has been done or seek to out do someone or something else. Any measurable activity that humans can witness likely has records recorded somewhere. Ripley, Guinness, and entire libraries of athlete's top achievements testify to the interest generated by exceeding what has been done.

Robert Craig Knievel gained fame and fortune by daredevil behaviors such as jumping a quarter mile across the Snake River astride a rocket-powered motorcycle, at a personal cost; one of his world records in Guinness is for sustaining 40 fractures. When setting records in medicine, however, the caution bred of scientific discipline must prevail, as a strict matter of professional integrity and, above all, because the patient is the one taking the risk. Physicians, as a matter of professional responsibility, have a strict ethical obligation therefore to protect the patient from their own enthusiasm that results in taking reckless risks with patients.

The present case chooses age of the patient as the broken barrier. As a relative contraindication, primarily to elective surgeries, age with its potential ravages has been almost counterbalanced by technology. Recently, the most famous living surgeon, Michael E. DeBakey, at 97 became the oldest survivor of major aortic surgery.[2] In our case, for emphasis, we have the surgeon being dicey indeed by operating on a patient in one of the most exclusive clubs in the world with fewer members than the age of 110 required for membership. Once a super-centenarian, life expectancy is limited to 3 years, making that age presently a firm contraindication for elective repair.

In *The Art,* the Hippocratic writers noted that medicine is sometimes powerless to alter the course of fatal disease, and that struggling against nature's boundaries represents hubris, and therefore a kind of madness.[3] Accepting the discipline of professional integrity in the form of constant recognition of surgery's limited ability to challenge the borders of life, and the ethical implications of doing so, has not been confined to medicine's prescientific era, and ethicists are at this moment embroiled in debate about our right to engage ourselves in the earliest and latest stages of human existence.[4] Realistically, mankind has firm control over only one side of the equation of life, the ability to end it, at which he excels. The concept that he gives life is a pompous distortion; he only appeases nature to delay life's inevitable ending. Only two people in Western literature have departed earthly life without taking the unidirectional boat ride.

Fiduciary responsibility to patients includes the obligation and consequent self-discipline to recognize the limits of medicine and surgery; responsibility to society includes recognition of finitude. Engelhardt believes that medicine's failure in this regard has "redefined the character of the encounter between physicians and patients . . . because of a reluctance [of physicians] to accept medicine's finite abilities in postponing death and curing disease."[5]

Dr Dicey rates no praise because even an exceptionally large asymptomatic aneurysm would not have a sufficiently high incidence of rupture to give a favorable risk/benefit ratio. The patient is older than 110 by definition, and the oldest person living is barely 113. The patient has >80% chance not to celebrate his next birthday with or without the aneurysm. One cannot help but understand Dr Dicey's motivation as self-centered indeed as he sensed his destiny when scheduling this frail patient for a contraindicated procedure. Furthermore, imagine the swelling pride as Dr Dicey called the medical reporter who had no idea that the laudatory reporting should have been an exposé. Choices A and B are wrong. Also, professional apathy about colleague's behavior should be judged a major deterrent to ethical progress of our profession. Disregard C.

There is no evidence that Dr Dicey has ongoing practice problems with excessive risk and all of us are entitled to occasional lapses of judgment. Having an article in the newspaper or even placing a personal advertisement is not regarded as an offense; Congress made it so. E is unwarranted and premature.

Selection D is our choice. Having colleagues criticize behaviors is a powerful stimulus to change, especially coming en masse or from respected leadership figures. Our physician colleagues are indeed the second family of all, but the most reclusive, and as such can exert tremendous peer pressure. As Thomas P. "Tip" O'Neil, the former Speaker of the US House of Representatives, succinctly summed it, "All politics is local." The best way to avoid outsiders regulating surgery is for surgeons to be responsible self-regulators, locally. Apathy for self-regulation in cases like this substitutes enthusiasm for recognition and thereby replaces scientific and clinical integrity with ambition, eroding professionalism like a cancer.

To update: the bariatric surgeon referred to earlier got unexpected results from his newspaper article. A relative of a previous patient who died was stirred to file a malpractice suit.

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